

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of Coker  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

4025

Registration District No. 18.03 Registered No. 4.....  
 (For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make  
 supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Feb 16, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive ..... at 1 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
 report

(26) Witness

(Signature of Witness necessary only  
 when question 23 is signed by mark)

19  
Registrar

(27) Filed

Feb 21, 1922 (28) J. S. Mueser.....  
 Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths  
 before the fifth month of pregnancy.

THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, S. C., AND A COPY OF THE SAME IS TO BE SENT TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH THE BIRTH OCCURRED. WHEN THE BIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, THE NAME OF THE INSTITUTION AND THE NAME OF THE PHYSICIAN OR MIDWIFE ATTENDING THE BIRTH MUST BE GIVEN. WHEN THE BIRTH OCCURS AT HOME, THE NAME OF THE PERSON WHO MADE THE REPORT MUST BE GIVEN. WHEN THE BIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, THE NAME OF THE INSTITUTION AND THE NAME OF THE PHYSICIAN OR MIDWIFE ATTENDING THE BIRTH MUST BE GIVEN. WHEN THE BIRTH OCCURS AT HOME, THE NAME OF THE PERSON WHO MADE THE REPORT MUST BE GIVEN.